

BRUSH MANAGEMENT (314) CONSERVATION PRACTICE DOCUMENTATION WORKSHEET

CLIENT/OPERATING UNIT: _____ LOCATION: _____

FARM/RANCH NO.: _____ TRACT: _____ FIELD(S): _____ PROGRAM: _____

NRCS TECHNICIAN: _____ CONTRACT NO. | ITEM NO.: _____ | _____ JOB APPROVAL _____

DATE: _____ TOTAL AREA TO BE TREATED: _____ Acres

This practice applies on brush-infested land having the potential to produce desirable native or adapted introduced forage plants. Includes rangeland, pastureland, and hayland where removal or reduction of excessive woody (non-herbaceous) plants is desired.

PURPOSE: This practice may be applied as part of a Conservation Management System to accomplish one or more of the following purposes [check as appropriate]:

- ☐ Restore natural plant community balance
- ☐ Create the desired plant community ☐ Manage invasive woody plants
- ☐ Reduce competition for space, moisture, and sunlight between desired and unwanted plants
- ☐ Restore desired vegetative cover to protect soils, control erosion, reduce sediment, improve water quality, and enhance stream flow
- ☐ Maintain or enhance wildlife habitat including that associated with threatened and endangered species
- ☐ Improve forage accessibility, quality and quantity for livestock
- ☐ Protect life and property from wildfire hazards ☐ Improve visibility and access for handling livestock

Installation of this practice shall be in accordance with the following specifications and special requirements. ***FOR PRACTICE APPLICATION INCLUDED AS A COMPONENT OF AN APPROVED "COST-SHARE" PROGRAM CONTRACT, NO CHANGES ARE TO BE MADE IN THESE SPECIFICATIONS WITHOUT PRIOR APPROVAL OF THE CERTIFYING NRCS TECHNICIAN.***

RANGELAND INVENTORY WORKSHEET (NV-ECS-01) COMPLETED FOR ALL PLANNED TREATMENT AREAS?

ATTACHED ☐ IN CASE FILE ☐

RANGELAND INVENTORY WORKSHEET (NV-ECS-01) COMPLETED FOR ALL TREATED AREAS?

ATTACHED ☐ IN CASE FILE ☐

TREATED/UNTREATED AREAS ARE DELINEATED ON : CONSERVATION PLAN MAP ☐ OTHER TYPE OF BASE MAP ☐

PRE-TREATMENT CONDITIONS							
Field	Acres	Total Brush Canopy	Target Species	Target Spp. Canopy Cover	Dominant Ecological Site	Similarity Index	Target Spp. Canopy Cover in HCPC

Target Species	Planned Method of Treatment	Growth Period or Dates for Effective Treatment	Acceptable Level of Target Species Reduction
			_____ %
			_____ %

MECHANICAL TREATMENT			
PLANNED		AS APPLIED	
TYPE OF EQUIPMENT	TREATMENT DATE	TYPE OF EQUIPMENT	TREATMENT DATE
_____	_____	_____	_____

CULTURAL RESOURCES WORKSHEET (NV-EVC-1) COMPLETED? NOT APPLICABLE ☐ ATTACHED ☐ IN CASE FILE ☐

CHEMICAL TREATMENT					
PLANNED			AS APPLIED		
HERBICIDE	RATE/ACRE	TREATMENT DATE	HERBICIDE	RATE/ACRE	TREATMENT DATE
_____	_____	_____	_____	_____	_____
CARRIER/SURFACTANT		RATE/ACRE	CARRIER/SURFACTANT		RATE/ACRE
_____		_____	_____		_____

PEST MANAGEMENT PRACTICE DOCUMENTATION WORKSHEET (NV-CPA-595) COMPLETED?
ATTACHED ☐ IN CASE FILE ☐ NOT APPROPRIATE ☐

BIOLOGICAL TREATMENT					
PLANNED					
Biological Agent or Kind and Class of Grazing Animals	Timing or Period of Use	Intensity of Use or Stock Density	Duration of Use	Level of Utilization on Target Species	Utilization of Desirable Species
_____	_____	_____	_____	_____	_____
AS APPLIED					
Biological Agent or Kind and Class of Grazing Animals	Timing or Period of Use	Intensity of Use or Stock Density	Duration of Use	Level of Utilization on Target Species	Utilization of Desirable Species
_____	_____	_____	_____	_____	_____

PRESCRIBED GRAZING PRACTICE DOCUMENTATION WORKSHEET (NV-CPA-528) COMPLETED?
ATTACHED ☐ IN CASE FILE ☐ NOT APPROPRIATE ☐

FORM NRCS-CPA-52 "ENVIRONMENTAL EFFECTS FOR CONSERVATION PLANS" COMPLETED WITH POTENTIAL IMPACTS TO THREATENED OR ENDANGERED SPECIES RECORDED? ATTACHED ☐ IN CASE FILE ☐

TARGET SPECIES	AFTER TREATMENT CANOPY COVER OF TARGET SPECIES	ESTIMATED TOTAL TREATMENT COST	ACTUAL TREATMENT COST (INCLUDE DEFERMENT)
_____	_____ %	\$ _____	\$ _____

TREATED AREAS ARE DEFERRED FROM GRAZING USE FOR AT LEAST ONE FULL GROWING SEASON

Practice specifications have been reviewed and practice application as planned above is *agreed to*:

Cooperator _____ Date _____

I certify that the above practice has been applied and meets NRCS Practice Standards and Specifications.

NRCS Planner _____ Date _____